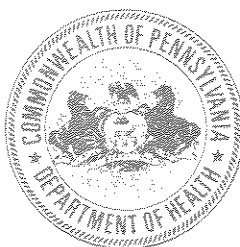


WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate, \$6.00



Sherris L. Sawyer

Local Registrar

P 12305294

FEB 20 2006

No.

Date

PLAINTIFF'S
EXHIBIT

A

H105.144 Rev. 01/06
TYPEPRINT IN
PERMANENT
BLACK INK

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS
CERTIFICATE OF DEATH (CORONER)

STATE FILE NUMBER

1. Name of Decedent (First, middle, last) Fay S. Gundlach				2. Sex Female		3. Social Security Number 211 - 01 - 3732		4. Date of Death (Month, day, year) 2 - 19 - 06	
5. Age (Last birthday) 89 Yrs. 00 Mo. 00 Days		6. Under 1 year Months 00 Days 00		7. Date of Birth (Month, day, year) June 6, 1916		8. Birthplace (City and state or foreign country) M. lesburg, PA		9. Place of Death (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other, Specify:	
10. County of Death Clinton		11. Decedent's Usual Residence (Kind of work done during most of preceding year, do not state retired) Homemaker		12. Was Decedent ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. Decedent's Education (Specify only highest grade completed) 12		14. Marital Status (Married, Never married, Widowed, Divorced, Separated) Widowed	
15. Decedent's Mailing Address (Street, city/town, state, zip code) 128 Maple Ave. Beech Creek, PA 16822		16. Decedent's Actual Residence (Street, city/town, state, zip code) 128 Maple Ave. Beech Creek, PA 16822		17a. State Pennsylvania		17b. County Clinton		17c. City/Town Beech Creek	
18. Father's Name (First, middle, last) Charles Sheckler				19. Mother's Name (First, middle, maiden surname) Margaret Aikey					
20a. Informant's Name (Type/print) Charles W. Gundlach				20b. Informant's Mailing Address (Street, city/town, state, zip code) P. O. Box 62 Beech Creek, PA 16822					
21a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation				21b. Date of Disposition (Month, day, year) Feb. 22, 2006		21c. Place of Disposition (Name of cemetery, crematory or other place) Haves-Fearon Cemetery		21d. Location (City/town, state, zip code) Beech Creek, PA 16822	
22a. Signature of Funeral Service Licensee (or person acting as such) <i>Dean K. Wetzler, Jr.</i>				22b. License Number FD-011588L		22c. Name and Address of Facility Dean K. Wetzler, Jr. Funeral Home 320 Main St., Mill Hall, PA 17751			
23a. Date Signed (Month, day, year) 2-19-06				23b. License Number FD-011588L		23c. Date Signed (Month, day, year) 2-19-06			
24. Time of Death 11:15A				25. Date Pronounced Dead (Month, day, year) 2-19-06		26. Was Case Referred to a Medical Examiner/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<p>27. Part I: Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on a line.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → Probable Myocardial Infarction</p> <p>Sequitely list conditions, if any, leading to the cause listed on Line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.</p> <p>a. Due to (or as a consequence of):</p> <p>b. Due to (or as a consequence of):</p> <p>c. Due to (or as a consequence of):</p> <p>d. Due to (or as a consequence of):</p>									
28. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		29. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant within past year <input type="checkbox"/> Not pregnant within past 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		30a. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30b. Were Autopsy Findings Available Prior to Completion of Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		31. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
32a. Date of Injury (Month, day, year) M.		32b. Describe how Injury Occurred.		32c. If Transportation Injury (Specify): <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other - Specify: Driver/Operator		32d. Location (Street, city/town, state)		32e. Date Signed (Month, day, year) 2-19-06	
33a. Certifier (check only one) <input type="checkbox"/> Certifying physician (Physician certifying cause of death when another physician has pronounced death and completed item 27) <input type="checkbox"/> Pronouncing and certifying physician (Physician both pronouncing death and certifying to cause of death) <input type="checkbox"/> Medical examiner/coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated <input checked="" type="checkbox"/>				33b. Signature and Title of Certifier <i>Sherris L. Sawyer</i> Local Registrar		33c. License Number FD-011588L		33d. Date Signed (Month, day, year) 2-19-06	
35. Registrar's Signature and District Number <i>Sherris L. Sawyer</i> 11811910				36. Date Filed (Month, day, year) Feb. 20, 2006		37. Name and Address of Person Who Completed Cause of Death (Item 27) TypePrint Donald G. Walker 231 High St. Flemington Pa			

(See instructions and examples on reverse)